

DOCUMENTATION OF ORIENTATION

(Conducted prior to assignment to children or task and to be placed in each employee's file)

Employee's Name _____ Date of Employment _____

Employee received orientation in the following:

Facility's Policies and Procedures ☐

Review of State's Health and Safety Requirements regarding:

- 1. Operations, health, safety, activities ☐
- 2. Physical environment and equipment ☐
- 3. Emergency situations ☐
- 4. Food service and nutrition ☐

Employee's Assigned Duties and Responsibilities ☐

Reporting Requirements for:

- 1. Suspected Child Abuse, Neglect or Deprivation ☐
- 2. Communicable Disease ☐
- 3. Serious Injuries ☐

Emergency Weather Plans ☐

Childhood Injury Control ☐

The Administration of Medication ☐

Reducing the Risk of Sudden Infant

Death Syndrome (SIDS) ☐

Hand Washing ☐

Fire Safety ☐

Water Safety ☐

Prevention of HIV/Aids and blood borne pathogens ☐

Approved Child Care Training Requirements ☐

Other (list) ☐

Signature of Person Providing Orientation

Signature of Employee Receiving Orientation

Date

Date